



The Commonwealth of Massachusetts
Registry of Motor Vehicles
One Copley Place Boston, MA 02119
www.mass.gov/rmv

Kimberly Hinden
Registrar

Mail:
Section 5 Division
P.O. Box 199172
Boston, MA 02119-9172
(617) 351-9272

Dear Dealer Applicant:

A "Dealer" is defined as any person who is engaged principally and substantially in the business of buying, selling, or exchanging motor vehicles, trailers, or motor vehicle bodies and maintains a facility dedicated to carrying out said business, and except for a person who exchanges such vehicles on a wholesale basis, is open to the public.

It will be necessary for you to furnish copies of the following documents in order to obtain Dealer plates:

1. **A Current Dealer License from the city or town in which you are doing business. (M.G.L. c. 140, § 59)**
2. **A Current Business Certificate from the city or town in which you are doing business.**
3. **Corporation papers from the Secretary of State, Department of Corporations and Taxation (if applicable).**
4. **Federal Identification Number/Employer Identification Number (FID/EIN)* from the Department of the Treasury, Internal Revenue Service. If you currently have an FID/EIN, please enclose a copy of one of the following most common forms of proof of an FID/EIN:**
 - **Top part of Form 942** - Department of the Treasury Employer's Quarterly Federal Tax Return.
 - **Form 8109** - Federal Tax Deposit Coupon.
 - **Any** letter from the IRS to the Corporation/Company, showing the Corporation/Company name and FID/EIN.
 - **Top part of Form 940** - Department of the Treasury Internal Revenue Service US Income Tax Return for a subchapter 'S' Corporation.
5. **Franchise agreement letter from the manufacturer, if you are a Class 1 Dealer.**

Please complete the enclosed application and return it to this office. A return envelope is provided for your convenience. Your request will be referred for investigation and you will be notified of the result.

* If you do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 978-474-9717.
Note: The business name or corporation name must be spelled exactly the same on all of the above documents.

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

Section 5 Division

P. O. Box 199172

Boston, MA 02119-9172

617-351-9272

Date of Application _____



Application For Dealer Registration

DEALER TYPE: (check all boxes that apply)	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Trailer	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Boat & Boat Trailer
	<input type="checkbox"/> Recreational Vehicle and Recreational Trailer			

SECTION 1:**Primary Owner Information**☐ Individual ☐ Corp./Co. Number of plates requested _____MA License or ID number FID Number

(Corp./Co. or Individual with a business name)

Name: _____
Last First MI -- DOB

Corp./Co. Name: _____

Address: _____
Street City ST Zip Code**Secondary Owner Information (if necessary)**MA License or ID number Name: _____
Last First MI -- DOBAddress: _____
Street City ST Zip Code**SECTION 2:****Business Information**

Name: _____

(If the Corp./Co. name is the same as in Section 1, write "same". If not, fill in the business name and attach a copy of the Business Certificate issued by your municipality. If you are an individual using a business name other than your own, you must supply a license number and an FID/EIN.)

Location: _____
Street City ST Zip CodeMailing Address: _____
Street City ST Zip Code*(Complete if different than Business Location, if not write "same".)*

Tele. No. () - _____ Pager No. () - _____

*(You must be available for a site visit by the State Police.)***** ALL INFORMATION IS REQUIRED UNLESS OTHERWISE NOTED ****

Select one choice for each category

<u>Business Type</u>	<u>Dealer Class</u>
<input type="checkbox"/> wholesale	<input type="checkbox"/> 1
<input type="checkbox"/> retail	<input type="checkbox"/> 2
<input type="checkbox"/> salvage/retail	<input type="checkbox"/> 3
<input type="checkbox"/> manufacturer	

SECTION 3:

Dealer Information

1. Dealer License # _____ Class _____ Expiration Date _____
2. As an owner, do you currently have or have you ever had a Section 5 General Registration plate? ☐ YES ☐ NO
(e.g., Dealer, Repairer, Owner Contractor, Transporter, or Farmer.)
 - 2a. If yes, complete the following information.
Plate: Type _____ Number _____
Status: ☐ Active ☐ Expired ☐ Canceled
 - 2b. If yes, has the plate(s) been suspended or revoked? ☐ YES ☐ NO
3. If the business is a corporation please list officers:

4. Do you have a Used Vehicle Record Book or a software program to generate Used Vehicle Records in a format approved by the Acting Registrar? ☐ YES ☐ NO
5. What other vehicle businesses are you engaged in?

6. What is the total number of employees? _____ How many employees are sales staff? _____

The undersigned hereby certify that all information contained in this application is true and correct to the best of my (our) knowledge and belief. (False statements are punishable by fine, imprisonment, or both.)

Signature: _____

Title

Date: _____

Signature: _____

Title

Date: _____

(If a corporation, include the title of the officer or duly authorized agent. If a partnership, both partners must sign.)